**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **849887** **(5)**

1. Corporation Name

**NEW ENGLAND PENSION AND ANNUITY COMPANY**

Principal Place of Business
**501 BOYLSTON STREET**
**BOSTON MA 02117**

Mailing Address
**501 BOYLSTON STREET**
**BOSTON MA 02117**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip 24 Country 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip 29 Country 30

3. Date Incorporated or Qualified: **08/03/1981**
3a. Date of Last Report: **03/21/1995**
4. FEI Number: **04-2708941** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**INSURANCE COMMISSIONER**
**STATE OF FLORIDA CAPITAL BLDG**
**TALLAHASSEE FL**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.0508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | PCD | ☐ DELETE |
| NAME | ZIMMERMANN, FREDERICK K | |
| STREET ADDRESS | 501 BOYLSTON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | D | ☐ DELETE |
| NAME | SHAFTO, ROBERT A. | |
| STREET ADDRESS | 501 BOYLSTON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | D | ☐ DELETE |
| NAME | KING, KERNAN F | |
| STREET ADDRESS | 501 BOYLSTON ST | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | T | ☒ DELETE |
| NAME | THOMPSON, NEWTON H | |
| STREET ADDRESS | 501 BOYLSTON STREET | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | GCS | ☐ DELETE |
| NAME | WILSON, HAROLD J | |
| STREET ADDRESS | 501 BOYLSTON ST. | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | VD | ☐ DELETE |
| NAME | FROST, CHESTER R. | |
| STREET ADDRESS | 501 BOYLSTON STREET | |
| CITY-ST-ZIP | BOSTON MA | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---|---|---|
| 1.1 TITLE | | ☐ Change ☐ Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | | ☐ Change ☐ Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | ☐ Change ☐ Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | ☐ Change ☐ Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | ☐ Change ☐ Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | VD & T | Change ☒ Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntary, factual and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 617 578-2000
Daytime Phone

CR2E034 (12/95)